

VIRGINIA DEPARTMENT OF HEALTH MEANINGFUL USE REGISTRATION SYSTEM USER GUIDE AND CHECKLIST

Eligible Hospitals including Critical Access Hospitals

This document includes a user guide and checklist to assist eligible hospitals (EH), including critical access hospitals, in registering with the Virginia Department of Health (VDH) for Meaningful Use (MU) public health objectives. **VDH strongly recommends reviewing this entire document prior to starting the registration process.**

The **user guide** includes step-by-step directions to navigate you through the process of creating a user account and registering EHs in the VDH Meaningful Use Registration System.

The **checklist** outlines information needed by EHs to successfully complete a registration form in the VDH Meaningful Use Registration System. The checklist is located on the last two pages of this document.

The MU public health objectives available to EHs in Virginia are:

- Electronic Laboratory Reporting
- Immunization
- Syndromic Surveillance

You can find additional resources regarding the onboarding process, transport options, contact information and message specifications for each objective on the VDH MU Website: <http://www.vdh.virginia.gov/clinicians/meaningfuluse>.

Please contact the VDH Meaningful Use Team (MeaningfulUse@vdh.virginia.gov) with questions or comments.



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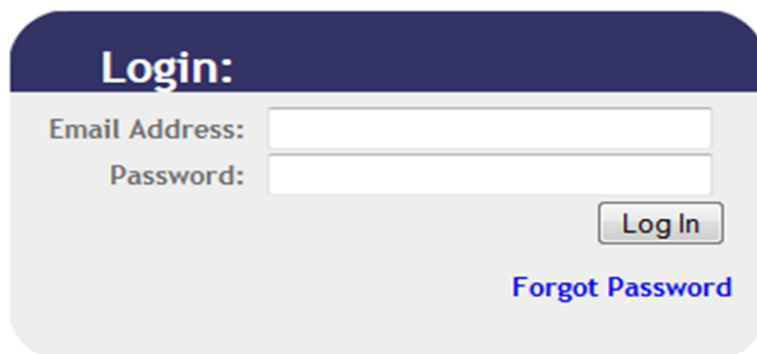
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User Enrollment

Helpful Hint

First Time Visiting the Website?

Click [Enroll Here](#) to create an account with the VDH MU Registration System.




Login:

Email Address:

Password:

[Forgot Password](#)

 [New User? Enroll Here](#)

USER ENROLLMENT

Email Address:*	<input type="text"/>	Email Address will be used for account login.
Password:*	<input type="password"/>	Password must be at least 8 characters long and have at least 1 number and 1 special character limited to "+ = @ # \$ % ^ & "
Confirm Password:*	<input type="password"/>	
First Name:*	<input type="text"/>	
Middle Initial:	<input type="text"/>	
Last Name:*	<input type="text"/>	
Phone:*	<input type="text" value="___-___-___"/>	
Job Title:	<input type="text"/>	
Security Question:*	<input type="text"/>	
Security Answer:*	<input type="text"/>	
Comments:	<input type="text"/>	

Helpful Hints

Pay attention to the requirements in creating a password.

The security question can be whatever you want. Example security questions are:

1. What was your high school's mascot?
2. What street did you live on when you were 10?
3. What is your father's middle name?

Once you click **Submit**, you can login using your newly created password with your e-mail address.

* indicates a required field.

User Login

Helpful Hints

Returning to Website: Enter E-mail address and Password to Login to proceed into the MU Registration System.

Select [Forgot Password](#) if having issues logging in. You will have an opportunity to reset your password after answering a security question.

Login:

Email Address:

Password:

[Forgot Password](#)

New User? [Enroll Here](#)

User Portal



Virginia Department of Health - Meaningful Use Registration System

VDH MU Website | **User Portal**

User Portal

[Change Password](#) | [Logout](#)


 [New Hospital](#) |  [New Practice \(Professionals\)](#)

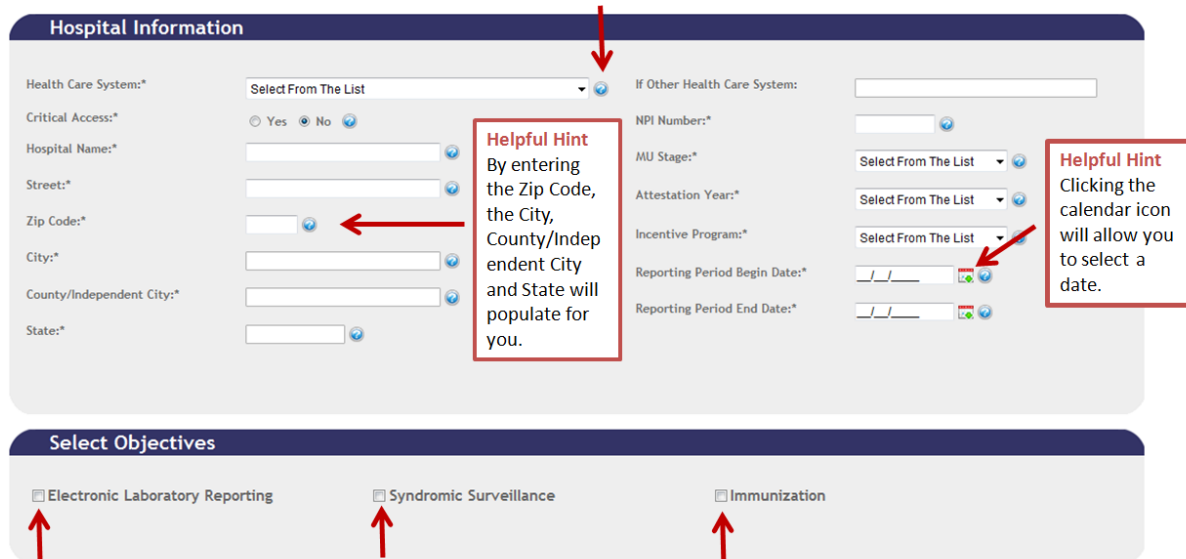
Helpful Hint

Once logged into the MU Registration System, you can register an eligible hospital at the User Portal. First, you must select "New Hospital" to create a registration.

Hospital Registration

Helpful Hint

Holding your mouse cursor over the question mark icon  will provide additional help information on each field. You can also refer to the checklist at the end of this document for additional, field-specific definitions.



The screenshot shows the 'Hospital Information' registration form. It includes fields for Health Care System, Critical Access, Hospital Name, Street, Zip Code, City, County/Independent City, and State. There are also fields for NPI Number, MU Stage, Attestation Year, Incentive Program, Reporting Period Begin Date, and Reporting Period End Date. Red arrows point to specific fields with helpful hints:

- An arrow points to the question mark icon in the Health Care System dropdown.
- An arrow points to the Zip Code field with the hint: "By entering the Zip Code, the City, County/Independent City and State will populate for you."
- An arrow points to the calendar icon in the Reporting Period Begin Date field with the hint: "Clicking the calendar icon will allow you to select a date."

Below the form is the 'Select Objectives' section with three checkboxes: ☐ Electronic Laboratory Reporting, ☐ Syndromic Surveillance, and ☐ Immunization. Red arrows point to each of these checkboxes.

* indicates a required field.

Helpful Hint

Check the box next to each objective for which you intend to submit public health data.

Next

Exclusion



The screenshot shows the 'Select Objectives' form with three checkboxes: ☐ Electronic Laboratory Reporting, ☐ Syndromic Surveillance, and ☒ Immunization. A red arrow points from the 'Immunization' checkbox to a 'Vaccinations' dialog box. The dialog box has the title 'Vaccinations' and the question 'Do you administer vaccinations?' with 'Yes' and 'No' buttons.

Helpful Hint

If **Immunization** is selected on the Hospital Information screen, you will be prompted with a question about whether you administer vaccinations.

Yes will keep the objective selected.

No will unselect the objective for you. Contact MeaningfulUse@vdh.virginia.gov for official correspondence from VDH on your possibility to apply for an exclusion with the Centers for Medicare and Medicaid for that objective.

Electronic Laboratory Reporting Objective

Helpful Hint

The information on this screen should reflect the contact and vendor information only for the **Electronic Laboratory Reporting** objective (though it may be the same as the other objectives).

Electronic Laboratory Reporting:

Primary Organization Contact	Technical Contact
<p>Contact Name:* <input type="text"/></p> <p>Contact Role:* <input type="text"/></p> <p>Contact Email:* <input type="text"/></p> <p>Contact Phone:* <input type="text"/></p> <p>Contact Fax: <input type="text"/></p> <p><small>* Primary Organization Contact will be the individual who receives all official communication from VDH.</small></p>	<p>Contact Name: <input type="text"/></p> <p>Contact Role: <input type="text"/></p> <p>Contact Email: <input type="text"/></p> <p>Contact Phone: <input type="text"/></p> <p>Contact Fax: <input type="text"/></p>
Alternate Contact	Laboratory Information System (LIS) Vendor
<p>Contact Name: <input type="text"/></p> <p>Contact Role: <input type="text"/></p> <p>Contact Email: <input type="text"/></p> <p>Contact Phone: <input type="text"/></p> <p>Contact Fax: <input type="text"/></p>	<p>Vendor Name:* <input type="text"/></p> <p>If other: <input type="text"/></p> <p>Product: <input type="text"/></p> <p>Version: <input type="text"/></p>

* indicates a required field.

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Helpful Hints

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Helpful Hints

The **Laboratory Information System (LIS) Vendor** is a required section. Please include the product and version if available.

Immunization Objective

Helpful Hint

The information on this screen should reflect the contact and vendor information only for the **Immunization** objective (though it may be the same as the other objectives).

Immunization:

Primary Organization Contact	
Contact Name:*	<input type="text"/>
Contact Role:*	<input type="text"/>
Contact Email:*	<input type="text"/>
Contact Phone:*	<input type="text"/>
Contact Fax:	<input type="text"/>

* Primary Organization Contact will be the individual who receives all official communication from VDH.

Technical Contact	
Contact Name:	<input type="text"/>
Contact Role:	<input type="text"/>
Contact Email:	<input type="text"/>
Contact Phone:	<input type="text"/>
Contact Fax:	<input type="text"/>

Helpful Hints

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Alternate Contact	
Contact Name:	<input type="text"/>
Contact Role:	<input type="text"/>
Contact Email:	<input type="text"/>
Contact Phone:	<input type="text"/>
Contact Fax:	<input type="text"/>

Electronic Health Record (EHR) Vendor	
Vendor Name:*	<input type="text" value="Select From The List"/>
If other:	<input type="text"/>
Product:	<input type="text"/>
Version:	<input type="text"/>
ONC Certified Number:	<input type="text"/>
HL7 Version:	<input type="text"/>

Helpful Hints

The **Electronic Health Record (EHR) Vendor** is a required section. Please include the product and version if available.

* indicates a required field.

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Syndromic Surveillance Objective

Helpful Hint

The information on this screen should reflect the contact and vendor information only for the **Syndromic Surveillance** objective (though it may be the same as the other objectives).

Syndromic Surveillance:

Primary Organization Contact

Contact Name:*

Contact Role:*

Contact Email:*

Contact Phone:*

Contact Fax:

* Primary Organization Contact will be the individual who receives all official communication from VDH.

Technical Contact

Contact Name:

Contact Role:

Contact Email:

Contact Phone:

Contact Fax:

Helpful Hints

Primary Organization Contact (POC) is a required section. The POC will receive all official communication from VDH. Consider entering a **Technical Contact** for the person responsible for setting up electronic data exchange with public health.

Alternate Contact

Contact Name:

Contact Role:

Contact Email:

Contact Phone:

Contact Fax:

Electronic Health Record (EHR) Vendor

Vendor Name:*

If other:

Product:

Version:

ONC Certified Number:

Helpful Hints

The **Electronic Health Record (EHR) Vendor** is a required section. Please include the product and version if available.

* indicates a required field.

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Registration Review

Helpful Hint

Once **Contact** and **Vendor** information is supplied for all objectives that were selected, a final Registration Review page is the last step before submitting registration.

Registration Review

Please review and click "Submit" button at the bottom of the page to complete registration. Click "Edit" to modify information entered in the registration form. If you would like to add another objective you must click "Edit" for the "Hospital Information" section.

Hospital Information

Health Care System:	None	Critical Access:	No	Edit
Hospital Name:	Example Hospital	NPI Number:	1111111111	
Street:	123 Main Street	MU Stage:	Stage 2	
Zip Code:	23219	Attestation Year:	1	
City:	RICHMOND	Incentive Program:	Medicare & Medicaid	
County:	CITY OF RICHMOND	Reporting Begin Date:	10/01/2013	
State:	VA	Reporting End Date:	12/31/2013	

Helpful Hint

Review each section for accuracy and completion. If anything needs to be modified or added, click **Edit** for the respective section to make these changes.

Electronic Laboratory Reporting

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit
Joe Smith	Hospital Administrator	test@gmail.com	(804) 555-5555	(804) 555-7777	
Josephine Whiz	Tech Contact	test@gmail.com	(804) 555-5556	() - - - -	

Vendor Name	If Other	Product	Version
Other LIMS Vendor Not Listed	ABC LIMS system	Product Name	2.3

Syndromic Surveillance

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit

Immunization

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax	Edit
Joe Smith	Administrator	test@gmail.com	(804) 555-5555	() - - - -	

Vendor Name	If Other	Product	Version	ONC Certified Number	HL7 Version
Epic Systems Corporation					

Helpful Hint

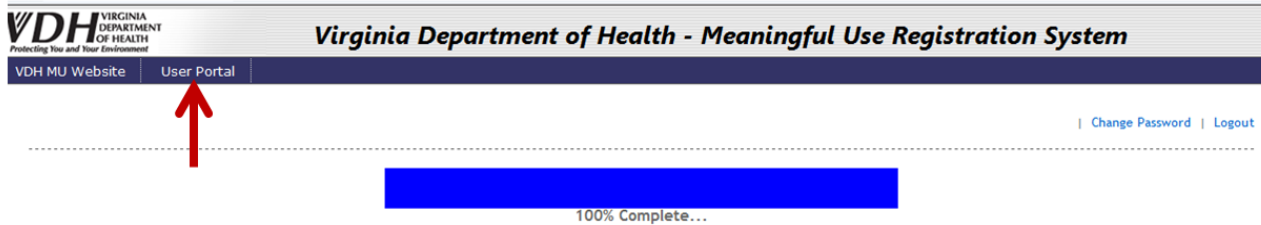
If all information is correct and complete, click **Submit** at the bottom of the page to complete the registration.

Submit

Registration Confirmation

Helpful Hints

Once you hit **Submit**, the MU Registration System will indicate that your registration has been successful and a confirmation email for each registered objective will be sent to the relevant Primary Organization Contact and any other contact provided on the registration form. The confirmation email will contain a unique **Registration ID** so you can track the status of your submitted registration.



Registration has been successfully submitted to the Virginia Department of Health. A confirmation email for each registered objective will be sent to the email address listed under the Primary Organization Contact on the registration form.

To register another Eligible Hospital or Eligible Professional, please navigate to the User Portal using the link at the top left.

Helpful Hint

To register another hospital, or to check the status of your submitted registration, click on **User Portal** at the top left.

Once a registration has been successfully submitted to VDH, your status will be "Registered".

The VDH Meaningful Use statuses in order are:

- Registered
- Invited to Onboard
- Testing and Validation
- In Production

VDH will provide you documentation throughout the Meaningful Use process. To ensure VDH has documentation of your progress towards ongoing data submission, a new registration is required for each attestation year.

Eligible Hospital Checklist

The check list below outlines the information needed by Eligible Hospitals including critical access hospitals to complete a registration form through the Virginia Department of Health Meaningful Use Registration System.

Eligible Hospital (* denotes required information)		
Hospital Information		Complete? <input checked="" type="checkbox"/>
Hospital Name*	Enter the full business name of the hospital. Do not use any abbreviations.	<input type="checkbox"/>
Street*	Street address where the hospital is physically located.	<input type="checkbox"/>
Zip Code*	Zip code in which the hospital is physically located.	<input type="checkbox"/>
City*	City in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
County/Independent City*	County or independent city in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
State*	State in which the hospital is physically located. This field will be populated based on Zip Code entered.	<input type="checkbox"/>
Health Care System*	Select the organization to which the hospital belongs (i.e., is owned by or managed). If organization is not listed select "Other Organization Not Listed" and enter name of organization.	<input type="checkbox"/>
Critical Access*	Select "Yes" if hospital is designated as a Critical Access Hospital (CAH) by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
Hospital NPI*	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	<input type="checkbox"/>
MU Stage*	Select the stage of Meaningful Use for which the hospital is attesting.	<input type="checkbox"/>
Attestation Year*	Select the year of Meaningful Use for which the hospital is attesting.	<input type="checkbox"/>
Incentive Program*	Select the EHR Incentive Program for which the hospital is attesting.	<input type="checkbox"/>
Reporting Period Begin Date*	Enter the first date of the reporting period. If a reporting period has not been established please estimate date.	<input type="checkbox"/>
Reporting Period End Date*	Enter the last date of the reporting period. If a reporting period has not been established please estimate date.	<input type="checkbox"/>
Objective Selection (Must select at least one objective)		
Electronic Laboratory Reporting		<input type="checkbox"/>
Syndromic Surveillance		<input type="checkbox"/>
Immunization		<input type="checkbox"/>

Electronic Health Record (EHR) Vendor (<i>Immunization and Syndromic Surveillance only</i>)		
EHR Vendor Name*	Select the EHR vendor used to meet Meaningful Use. If vendor is not listed select "Other EHR Not Listed" and enter name of vendor.	<input type="checkbox"/>
EHR Vendor Product	Enter the EHR vendor product used to meet Meaningful Use.	<input type="checkbox"/>
EHR Product Version	Enter the version of the EHR product.	<input type="checkbox"/>
ONC EHR Certified Number	Found here: http://oncchpl.force.com/ehrcert?q=chpl	<input type="checkbox"/>
HL7 Version	Select version of HL7 that will be sent to public health. (<i>Immunization Only</i>)	<input type="checkbox"/>
Laboratory Information System (LIS) Vendor (<i>Electronic Laboratory Reporting only</i>)		
LIS Vendor Name	Select Laboratory Information System (LIS) vendor used to meet Meaningful Use. If vendor is not listed select "Other LIS Not Listed" and enter name of vendor.	<input type="checkbox"/>
LIS Vendor Product	Enter the LIS vendor product used to meet Meaningful Use.	<input type="checkbox"/>
LIS Product Version	Enter the version of the LIS product.	<input type="checkbox"/>
Primary Organization Contact		
Contact Name*	Primary organization contact is required and will be the individual who receives all official communication information from VDH.	<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>
Technical Contact (<i>Optional – if entered, * denotes required information</i>)		
Contact Name*	Individual responsible for setting up electronic data exchange (e.g. integration analyst, EHR vendor)	<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>
Alternate Contact (<i>Optional – if entered, * denotes required information</i>)		
Contact Name*		<input type="checkbox"/>
Contact Role*		<input type="checkbox"/>
Contact Email*		<input type="checkbox"/>
Contact Phone*		<input type="checkbox"/>
Contact Fax		<input type="checkbox"/>